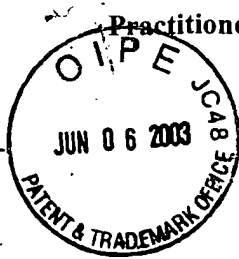


2862  
A

PATENT

9/EXT①  
T. Steptoe  
6-13-03



Practitioner's Docket No. 02888

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Davies, Colin

Application No.: 09/900,750

Filed: 07/06/2001

For: DUAL MODE COATING

Group No.: 2862

Examiner: Snow, Walter E.

THICKNESS MEASURING INSTRUMENT

Mail Stop Amendment - Fee

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

RECEIVED  
JUN 11 2003  
TECHNOLOGY CENTER 2800

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant claims small entity status.

INFORMATION DISCLOSURE STATEMENT

3. Enclosed herewith is an Information Disclosure Statement, PTO Form 1449, copies of the references cited therein, and the filing fee of \$180.00.

NE  
NO IDS

EXTENSION OF TIME

4. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

Fee: \$55.00

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- X deposited with the United States Postal Service with sufficient postage as first class mail in an Mail Stop envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: June 2, 2003

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Gretel Kelly  
Signature

Gretel Kelly  
(type or print name of person certifying)

(Amendment Transmittal--page 1 of 2)

Art Unit: 2862  
Serial No.: 09/900,750  
Examiner: Snow, Walter E.

### FEE FOR CLAIMS

5. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY			
Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	
Total	20	Minus 22	= 0	x \$9 =	\$0	
Indep.	4	Minus 3	= 0	x \$42 =	\$42	
First Presentation of Multiple Dependent Claim				+ \$135 =	\$0	
				Total Addit. Fee	\$42	

### FEE PAYMENT

6. Attached is a check in the sum of \$97.00.

### FEE DEFICIENCY

7. If any additional extension and/or fee is required, or if any additional fee for claims is required, charge Account No. 19-0120.

Date: June 2, 2003

Elliot A. Salter *ec*

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